



Department of Planning and Zoning
225 S Emerson Avenue
Greenwood, IN 46143
(317) 881-8698
(317) 887-5616 fax

APPLICATION FOR IMPROVEMENT LOCATION PERMIT

PERMIT NO.: _____

Application is hereby made for a permit to improve premises as described herein as shown in the accompanying **plans and specifications**, which improvement is to be located as shown on the accompanying **plot plan**. The information which follows and the accompanying plans, specifications and other information with the representations therein contained, are made a part of this application in reliance upon which the Planning Commission of the City of Greenwood is requested to issue a location improvement permit.

It is understood and agreed by this Applicant that any error, misstatement or misrepresentation of material fact, either with or without intention on the part of this Applicant, such as might or would operate to cause refusal of this application, or conditional approval thereof, or any material alteration or change in the accompanying plans, specifications or improvements subsequent to the issuance of a permit in accordance with the application, without the approval of the Planning Commission shall constitute sufficient ground for the revocation of this permit.

All building construction work, alterations, repairs, or mechanical installations and appliances connected therewith and other work necessary to complete the following improvement, shall comply with the State Building Rules and Regulations, local ordinances and such other statutory provisions pertaining to this class of work, and such rules, regulations, ordinances and provisions shall be considered a part of specifications, whether specified herein or not.

- 1) Date of Application _____ Date Approved _____ Date Issued _____
- 2) Name of Owner or Business at Location to be Improved _____
- 3) Address of Location to be Improved _____ Greenwood, IN
- 4) Lot Number _____ in _____ Subdivision
- 5) Kind of Building Permit _____ Size _____ sq. ft. of Living Area +
_____ sq. ft. of Garage =
_____ TOTAL sq. ft.

TOTAL FEE \$ _____

- 6) Approximate Price of Project \$ _____
- 7) Will water meter be installed? ____ Yes ____ No **If yes, what size(s)?** _____
- 8) Sewer Availability Fee Paid? ____ Yes ____ N/A
- 9) Parks and Recreation Impact Fee Paid? ____ Yes ____ N/A
- 10) Name and address of building contractor (If applicable): _____
- 11) Contact Person: _____
Phone Numbers: Home or Office _____ Cell _____
- 12) Maps, Sketches, and Other Exhibits: Applicant must attach appropriate sufficient maps, sketches and other exhibits.

NOTE: The connection of footing drains, sump pumps, and/or surface drainage lines to the sanitary sewer system is PROHIBITED. The undersigned represents that such work shall start within 90 days and will be completed without delay; that said improvements will be finished in a good workmanlike manner. Should said work not start in good faith within 90 days, the undersigned understands this application will be void and of no force or effect whatever. The above information, to my knowledge and belief, is true and correct:

SIGNATURE OF APPLICANT/OWNER: _____

SIGNATURE OF BUILDING COMMISSIONER: _____
(or designated representative)

TO BE COMPLETED BY PLANNING DEPARTMENT STAFF

| | | | | | |
|---------------------|----------|---------|--------------------------------------|----------|---------|
| Airspace Zone? | ____ Yes | ____ No | Floodway? | ____ Yes | ____ No |
| Eastside TIF Area? | ____ Yes | ____ No | Floodway Fringe? | ____ Yes | ____ No |
| US 31/Fry TIF Area? | ____ Yes | ____ No | If yes, please provide: | | |
| | | | Applicable Flood Protection Grade: | _____ | _____ |
| | | | Proposed Finished Floor Elevation: | _____ | _____ |
| | | | "As-built" Finished Floor Elevation: | _____ | _____ |